

<i>SERFF Tracking Number:</i>	<i>LDDX-125722229</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic General Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0194507F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0194507F01</i>		

## Filing at a Glance

Company: Old Republic General Insurance Corporation

Product Name: Old Republic Independent GL    SERFF Tr Num: LDDX-125722229    State: Arkansas  
Forms

TOI: 17.0 Other Liability - Claims                      SERFF Status: Closed                      State Tr Num: EFT \$50  
Made/Occurrence

Sub-TOI: 17.0001 Commercial General Liability Co Tr Num: GL AR0194507F01                      State Status: Fees verified and received

Filing Type: Form                                      Co Status:                                      Reviewer(s): Betty Montesi, Edith Roberts

Author: SPI ORChicago                                      Disposition Date: 07/09/2008

Date Submitted: 07/03/2008                                      Disposition Status: Approved

Effective Date Requested (New): 09/01/2008                                      Effective Date (New):

Effective Date Requested (Renewal):                                      Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Old Republic Independent GL Forms

Project Number: GL AR0194507F01

Reference Organization:

Reference Title:

Filing Status Changed: 07/09/2008

State Status Changed: 07/09/2008

Corresponding Filing Tracking Number:

Filing Description:

Old Republic General Insurance Corporation submits three new additional insured endorsements for approval. These optional endorsements will be used with our construction program and will have no rate impact.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

CG EN GN 0078 06 08    Additional Insured-Owners, Lessees Or Contractors -(Form B)

This is an optional endorsement no rate impact.    Amends "Who is insured" to include as an insured a person shown in

<i>SERFF Tracking Number:</i>	<i>LDDX-125722229</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic General Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0194507F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0194507F01</i>		

the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

CG EN GN 0079 06 08 Additional Insured-Owners, Lessees or Contractors-Scheduled Person Or Organization  
This is an optional endorsement no rate impact. Amends "Who is insured" to include as an insured a person shown in the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

CG EN GN 0080 06 08 Additional Insured-Owners, Lessees or Contractors-Completed Operations  
This is an optional endorsement no rate impact Amends "Who is insured" to include as an insured a person shown in the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

We are request an effective date of September 1, 2008 or the earliest possible date of approval.

## Company and Contact

### Filing Contact Information

Jodi Woods, State Filings Analyst	jwoods@oldrepublic.com
307 N. Michigan Avenue	(312) 762-4532 [Phone]
Chicago, IL 60601	(312) 762-4950[FAX]

### Filing Company Information

Old Republic General Insurance Corporation	CoCode: 24139	State of Domicile: Illinois
307 N. Michigan Avenue	Group Code: 150	Company Type:
Chicago, IL 60601	Group Name:	State ID Number:
(312) 762-4500 ext. [Phone]	FEIN Number: 36-6067575	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	

<i>SERFF Tracking Number:</i>	<i>LDDX-125722229</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Old Republic General Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>GL AR0194507F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0194507F01</i>		
<b>Per Company:</b>	<b>No</b>		

SERFF Tracking Number: LDDX-125722229 State: Arkansas  
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0194507F01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR0194507F01

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Republic General Insurance Corporation	\$50.00	07/03/2008	21239898

SERFF Tracking Number: LDDX-125722229 State: Arkansas  
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0194507F01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR0194507F01

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	07/09/2008	07/09/2008

*SERFF Tracking Number:*      *LDDX-125722229*      *State:*      *Arkansas*  
*Filing Company:*      *Old Republic General Insurance Corporation*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *GL AR0194507F01*  
*TOI:*      *17.0 Other Liability - Claims Made/Occurrence*      *Sub-TOI:*      *17.0001 Commercial General Liability*  
*Product Name:*      *Old Republic Independent GL Forms*  
*Project Name/Number:*      *Old Republic Independent GL Forms /GL AR0194507F01*

## **Disposition**

Disposition Date: 07/09/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125722229 State: Arkansas

Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: GL AR0194507F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0194507F01

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Additional Insured - Owners, Lessees Or Contractors - (Form B)	Approved	Yes
Form	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	Approved	Yes
Form	Additional Insured - Owners, Lessees Or Contractors - Completed Operations	Approved	Yes

SERFF Tracking Number: LDDX-125722229 State: Arkansas

Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: GL AR0194507F01

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: Old Republic Independent GL Forms

Project Name/Number: Old Republic Independent GL Forms /GL AR0194507F01

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Additional Insured - Owners, Lessees Or Contractors - (Form B)	CG EN 0078	06 08	Endorsement/Amendment/Conditions		0.00	CG EN GN 0078 .PDF
Approved	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG EN 0079	06 08	Endorsement/Amendment/Conditions		0.00	CG EN GN 0079.PDF
Approved	Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG EN 0080	06 08	Endorsement/Amendment/Conditions		0.00	CG EN GN 0080.PDF



# OLD REPUBLIC GENERAL INSURANCE CORPORATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – (FORM B)

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

### SCHEDULE

**Name of Person or Organization:**

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" for that insured by or for you.

Named Insured			
Policy Number		Endorsement No.	
Policy Period	to	Endorsement Effective Date:	
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE		DATE

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CG EN GN 0078 06 08

# OLD REPUBLIC GENERAL INSURANCE CORPORATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

Name of Person or Organization:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**A. Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of your ongoing operations performed for that insured.

**B.** With respect to the insurance afforded to these additional insureds, the following exclusion is added:

#### 2. Exclusions

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(1) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the site of the covered operations has been completed; or

(2) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

Named Insured			
Policy Number		Endorsement No.	
Policy Period		to	Endorsement Effective Date:
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE		DATE

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# OLD REPUBLIC GENERAL INSURANCE CORPORATION

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – COMPLETED OPERATIONS

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

<b>Name of Person or Organization:</b>
<b>Location And Description of Completed Operations:</b>

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**Section II – Who Is An Insured** is amended to include as an insured the person or organization shown in the Schedule, but only with respect to liability arising out of "your work" at the location designated and described in the schedule of this endorsement performed for that insured and included in the "products-completed operations hazard".

Named Insured			
Policy Number		Endorsement No.	
Policy Period	to	Endorsement Effective Date:	
Producer's Name:			
Producer Number:			

AUTHORIZED REPRESENTATIVE		DATE
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<i>SERFF Tracking Number:</i>	<i>LDDX-125722229</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>GL AR0194507F01</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Old Republic Independent GL Forms</i>		
<i>Project Name/Number:</i>	<i>Old Republic Independent GL Forms /GL AR0194507F01</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: LDDX-125722229 State: Arkansas  
Filing Company: Old Republic General Insurance Corporation State Tracking Number: EFT \$50  
Company Tracking Number: GL AR0194507F01  
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability  
Product Name: Old Republic Independent GL Forms  
Project Name/Number: Old Republic Independent GL Forms /GL AR0194507F01

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-  
Property & Casualty

**Review Status:** Approved 07/09/2008

**Comments:**

**Attachments:**

AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF  
AR - NAIC FORM FILING SCHEDULE.PDF


## Property &amp; Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

<b>3. Group Name</b>	<b>Group NAIC #</b>			
Old Republic Insurance Group	0150			
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
Old Republic General Insurance Corporation	IL	24139	36-6067575	

<b>5. Company Tracking Number</b>	GL AR0194507F01
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## Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Jodi L. Woods 307 N. Michigan Avenue Chicago IL 60601	State Filings Analyst	800-621-0365 Ext. 4532	312-762-4950	jwoods@oldrepublic.com
<b>7. Signature of authorized filer</b>				
<b>8. Please print name of authorized filer</b>	Jodi L. Woods			

## Filing Information (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	17.0 Other Liability - Claims Made/Occurrence			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	17.0001 Commercial General Liability			
<b>11. State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing Title)</b>	Commercial General Liability			
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	09/01/08	Renewal:	09/01/08
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	07/03/08			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document

<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GL AR0194507F01
<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

Old Republic General Insurance Corporation submits three new additional insured endorsements for approval. These optional endorsements will be used with our construction program and will have no rate impact.

CG EN GN 0078 06 08 Additional Insured-Owners, Lessees Or Contractors -(Form B)

This is an optional endorsement no rate impact. Amends "Who is insured" to include as an insured a person shown in the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

CG EN GN 0079 06 08 Additional Insured-Owners, Lessees or Contractors-Scheduled Person Or Organization

This is an optional endorsement no rate impact. Amends "Who is insured" to include as an insured a person shown in the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

CG EN GN 0080 06 08 Additional Insured-Owners, Lessees or Contractors-Completed Operations

This is an optional endorsement no rate impact. Amends "Who is insured" to include as an insured a person shown in the schedule. Names owner or general contractor as insured on our insured's policy with respect to liability for operations performed for them by our insured.

We are request an effective date of September 1, 2008 or the earliest possible date of approval.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 20px;"> <b>Check #:</b>  <b>Amount:</b> </div> <div style="text-align: center; margin-top: 100px;"> <b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b> </div>	

\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)



**FORM FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes forms)  
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	GL AR0194507F01
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<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	
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<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or Withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	Additional Insured - Owners, Lessees Or Contractors - (Form B)	CG EN GN 0078 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	Additional Insured - Owners, Lessees Or Contractors - Scheduled Person Or Organization	CG EN GN 0079 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	Additional Insured - Owners, Lessees Or Contractors - Completed Operations	CG EN GN 0080 06 08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		